

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
 TDD (916) 322-1700
 TELEPHONE (916) 322-3350
 www.rn.ca.gov

**REQUEST FOR REAPPLY/REPEAT EXAMINATION****\$75.00**

1. You must complete and submit both the Reapply/Repeat Application and the NCLEX Registration Form with appropriate fees.
2. The total fee must be submitted with the application and made payable to the Board of Registered Nursing by check or money order (US currency). This fee is an earned fee for evaluation of your application and is not refundable.
3. A candidate may take the NCLEX examination no more than once in a three (3) month period and no more than four times per year.
4. Once found eligible, you will receive an NCLEX-RN candidate bulletin with instructions. You must submit the completed registration form with fee directly to the Chauncey Group International. The Chauncey Group will then provide you with scheduling information.

Print or Type

1. NAME: Last First Middle			Previous Name(s):
2. ADDRESS OF RECORD: Number and Street		3. BIRTHDATE:	
City State Zip Code		Month Day Year	
		4. SOCIAL SECURITY NUMBER: (Mandatory)	
5. TELEPHONE: Home Work		6. COUNTRY OF NURSING EDUCATION:	
7. a. LAST EXAM APPLIED FOR:	b. LAST EXAM TAKEN:	c. NAME(S) ON PREVIOUS APPLICATION(S):	
Month Year	Month Year		
8. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please see attached instructions. Include convictions reported on previous applications.			
9. HAVE YOU EVER HAD DISCIPLINARY PROCEEDINGS AGAINST ANY LICENSE AS AN RN OR ANY HEALTH-CARE RELATED LICENSE INCLUDING REVOCATION, SUSPENSION, PROBATION, VOLUNTARY SURRENDER, OR ANY OTHER PROCEEDING? IF YES, PLEASE PROVIDE A DETAILED WRITTEN EXPLANATION, INCLUDING THE DATE AND STATE WHERE THE DISCIPLINE OCCURRED. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain fully on a separate sheet of paper.			
I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of ANY offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action against ANY health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued.			
I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.			
SIGNATURE OF APPLICANT: _____ DATE: _____			

NOTE: If you hold an interim permit, return it to this office **IMMEDIATELY**. Interim permits are no longer valid once you receive the letter stating that you did not pass your initial NCLEX-RN examination.